7 w	ashington epartmen	State t of Trans	portation				Reque	st to	Sub	let Work	
П в:		(DDE)	Check all t		•		rogram)				
☐ Disadvaı	, ,		ess (VBE)								
Prime Conti	ness (MBE)	State Small	Business	`							
Prime Conti				Federal Employer I.D. Num			per "	er * State Contract Number			
Job Description (Title)									Request Number		
		Approval	is Requested	to Sul	blet the	Fo	llowing Described	d Work	to:		
☐ Lower Tier Subcontractor ☐ Subcontractor Lower Tier Subcontract/Subcontract Name					Unified Business Identifier (UBI)			Federal Employer I.D. Number *			
Address									Telephone Number		
City					tate	Zi	p Code	Estimated Starting Date			
If Lower Tier Subcontractor, Name of Corresponding Sul					Fed ID of Corresponding Sub			* If no Federal Employer I.D. Number, Use Owner's Social Security Number			
Item No.	Partial				Item Desc	cription	on	-		Amount	
I understand and will insure that the subcontractor will comply fully with the plans and specifications under which this work is being performed.					ne Contract	tor S	ignature			Date	
Department of Transportation Use Only										<u> </u>	
					tus Verific						
This Request%											
Previous Requests%											
Sublet to	•		%								
Project Engineer's Signature Approved							Approved - Region Constr When Required)	uction En	Date		